

VETERANS HEALTH ADMINISTRATION

Addressing Mental Health Needs of Aging Veterans in Rural Communities



Presentation for: VISN 20 MIRECC Presents
Presented by: Bret Hicken, PhD, MSPH
Date of briefing: April 20, 2022

VHA OFFICE OF RURAL HEALTH

- ▶ **Vision:** America's Veterans thrive in rural communities
- ▶ **Mission:** Improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices.
- ▶ **Resource Centers:** Hubs of rural health care research, innovation, and dissemination





Today's

PRESENTATION

AIMS

- Identify key sociodemographic and health characteristics of older rural Veterans.
- Discuss challenges that older rural Veterans experience related to accessing mental health care.
- Review strategies for addressing access issues, including ethical challenges, related to access to mental health care in rural areas.



Today's

PRESENTATION

AGENDA

- What is rural?
- Describing rural, aging Veterans
- Challenges for accessing rural mental healthcare
- Strategies for improving access



What is Rural?



VHA DEFINITION OF RURAL

- ▶ **Urban Area:** Census tracts with at least 30 percent of the population residing in an urbanized area as defined by the Census Bureau.
- ▶ **Rural Area:** Land areas not designed as urban or highly rural.
- ▶ **Highly Rural Area:** Sparsely populated areas — less than 10 percent of the working population commutes to any community larger than an urbanized cluster, which is typically a town of no more than 2,500 people.

VHA Office of Rural Health, 2018

WHAT DOES “RURAL” MEAN TO YOU?



WHAT DOES “RURAL” MEAN TO YOU?

Geographic Location?

Population density?

Economic variable?

Voting constituency?

Social determinant of health?

Cultural identifier?

Racial/ethnic make up?

Values, beliefs, traditions?

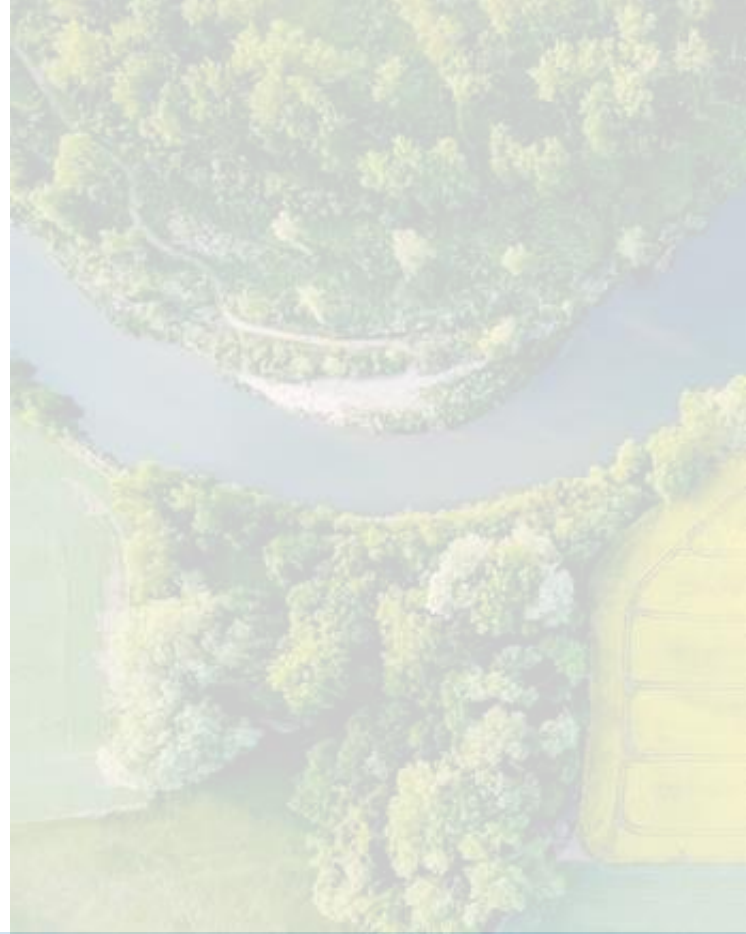
Environmental?



Duncan Rawlinson: Duncan.co/red-barn-with-american-flag



Describing Rural Aging Veterans



RURAL AGING VETERANS



Rural

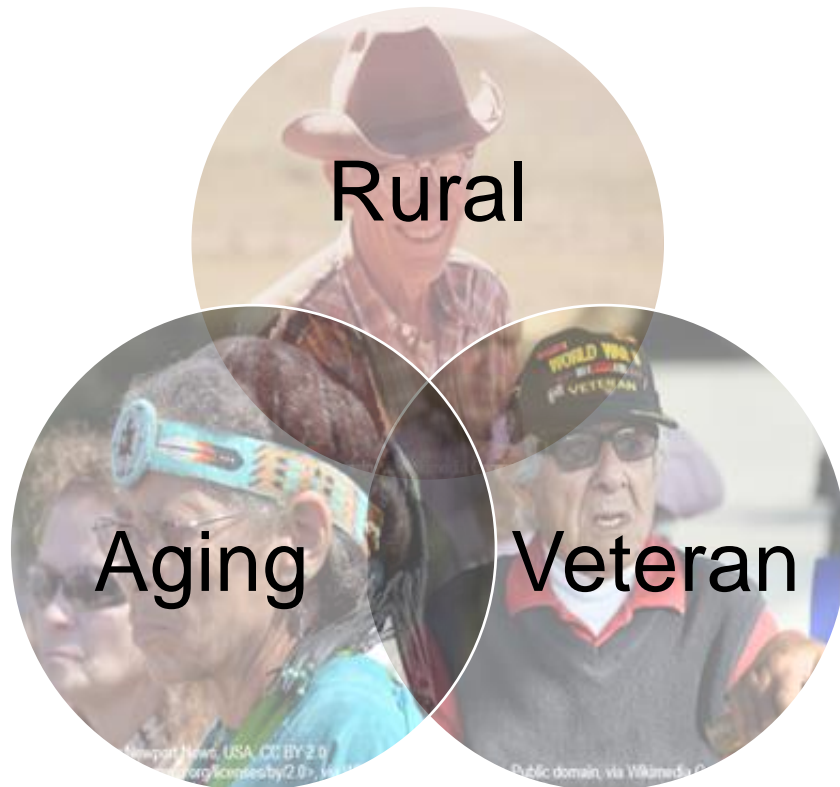


Aging



Veteran

RURAL AGING VETERANS





Rural America

DEMOGRAPHICS

Sociodemographic Factor	Rural	Urban
% of population	19.3%	80.1%
Median age ⁴	51 years	45 years
White ¹	77.8%	44.0%
Bachelor's or higher ⁴	19.5%	29%
Unemployment	4.1%	3.6%
High speed internet a "major problem" ²	24%	13%
Poverty ³	15.3%	11.9%
Population w/o HS Diploma ⁵	13.7%	11.7%
Poor Access to Healthy Food ⁵	41.9%	41.7%
Uninsured, 18-24 Years ⁵	13.7%	12.3%

- ▶ 60 million rural Americans live in rural areas (2010 Census)
- ▶ ~ 81% of Persistent Poverty Counties are located in rural areas.⁶

1Housing Assistance Council, 2012; 2Pew Research Center, 2018; 3Rural Health Information Hub, 2021; 4United States Census Bureau, 2016; 5Rural Health Information Hub, 2021; 6 Housing Assistance Council, 2022

RURAL HEALTH

- ▶ Lower life expectancy at birth (77.4 vs 79.3)³
- ▶ Higher mortality (per 100,000):¹ (all $p \leq .01$)
 - ▶ Unintentional injury (54.1% vs 36.6%)
- ▶ Higher rates of
 - ▶ Smoking (27% vs 17.9%)²
 - ▶ Obesity (35.7% vs 29%)²
- ▶ Lower rates of
 - ▶ Physical inactivity (38.8% vs 30.9%)²
 - ▶ Illicit drug use (16.6% vs 20.5% vs 22.0%)⁴
- ▶ Mental illness rates similar to urban
 - ▶ Substance abuse rates similar (meth use ~2x higher in rural)⁴
 - ▶ Suicide (17.32 [rural] vs 14.86 [Medium/small metro] vs 11.92 [large metro])^{6*}
- ▶ More likely to experience ≥ 4 adverse childhood experiences (10.7% vs 6.8%, $p < 0.0001$)⁵

*per 100,000 population

1Center for Rural Health, 2021; 2Meit et al., 2014; 3Rural Health Information Hub, 2021, 4Substance Abuse and Mental Health Services Administration, 2019; 5Crouch et al. 2022; 6Ivey-Stephenson, 2017

RURAL MENTAL HEALTH RISKS

Assessing the connection between organophosphate pesticide poisoning and mental health: A comparison of neuropsychological symptoms from clinical observations, animal models and epidemiological studies

The Mental Health Outcomes of Drought: A Systematic Review and Causal Process Diagram

Psychological Symptoms Among Evacuees From the 2016 Fort McMurray Wildfires: A Population-Based Survey One Year Later

Characterization of Mental Illness Among US Coal Miners

Psychosocial Impact of Fracking: a Review of the Literature on the Mental Health Consequences of Hydraulic Fracturing

FARMING AND MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS

Occupational Stress Impact on Mental Health Status of Forest Workers



Rural Older Adults

HEALTH

- ▶ Higher mortality (per 100,000):² (all $p \leq .01$)
 - ▶ Heart disease (195 vs 166.6)
 - ▶ Cancer (180.4 vs 163.3)
 - ▶ Unintentional injury (54.1 vs 36.6)
 - ▶ Chronic lower respiratory disease (53.3 vs 39.7)
 - ▶ Stroke (42.7 vs 35.8)
 - ▶ Diabetes (25.3 vs 20.6)
 - ▶ Alzheimer's (27.3 vs 23.3)
 - ▶ Suicide (17.95 [rural] vs 15.86 [medium/small metro] vs 13.63 [large metro])^{3*}
- ▶ Quality of Life¹
 - ▶ Same as urban
 - ▶ Social isolation higher in rural

*per 100,000 population

1Baernholdt, Yan, Hinton, Rose, & Mattos 2012; 2Center for Rural Health, 2021;
3Ivey-Stephenson, 2017

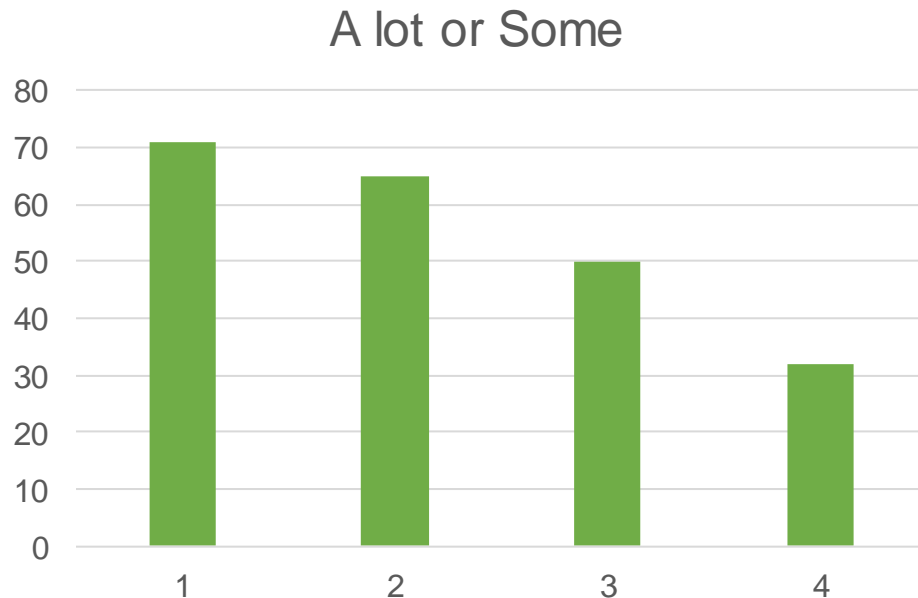
HEALTH BEHAVIORS

Health Factor ²	Rural	Urban
Falls	32%	30%
Obesity	29%	27%
Smoking	10%	8%
Flu vaccine	57%	59%
Health screenings	66%	75%
Pain management	51%	54%
Physical inactivity	34%	30%
Good or excellent health	37%	41%

- ▶ Less likely to access mental health treatment³
- ▶ More likely to be admitted to a nursing home¹

¹National Conference of State Legislatures, 2017; ²United Health Foundation, 2018; ³Wang et al., 2005

HOW MUCH HAS THE COVID-19 PANDEMIC IMPACTED YOUR MENTAL HEALTH, IF AT ALL?



American Farm Bureau Federation, 2020



Rural Veterans

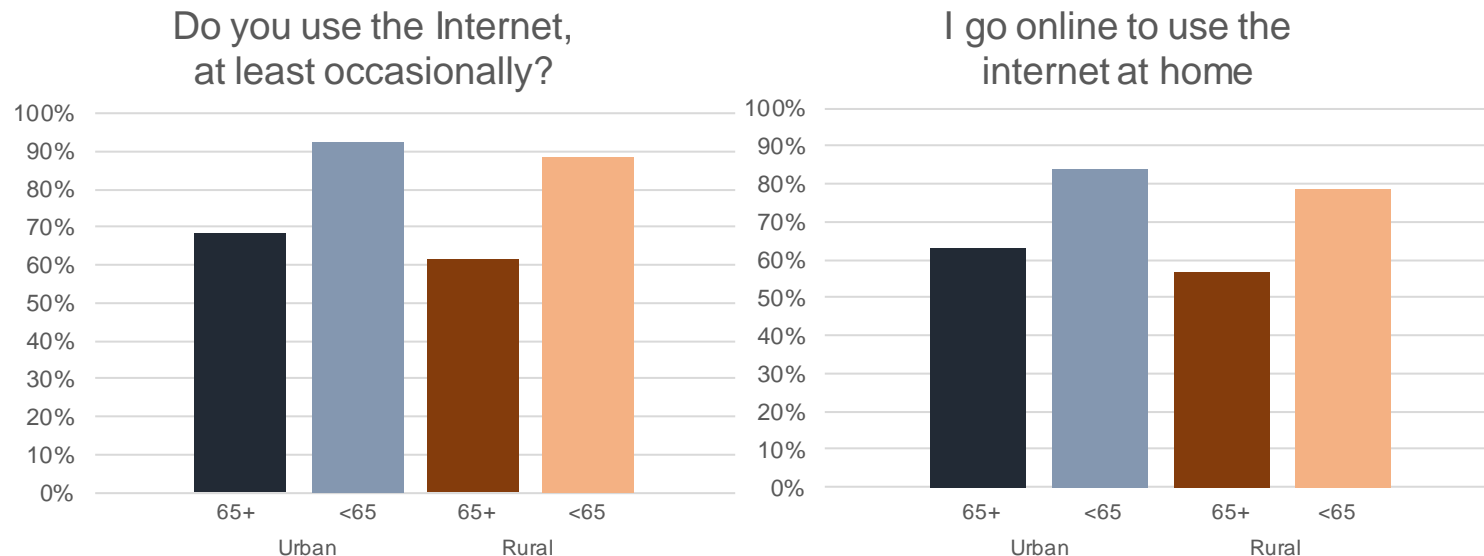
RURAL VETERANS

- ▶ 4.7 million rural and highly rural Veterans (FY21)³
- ▶ 2.9 million enrolled (FY21)³

Sociodemographic Factor	Rural	Urban
Percent of community ²	10%	7%
Women (enrolled) ³	7%	10%
Non-White (enrolled) ³	40%	24%
> Age 65 (enrolled) ³	56%	47%
Service connected (enrolled) ³	57%	58%
>High school diploma (all Vets) ¹	33%	44%

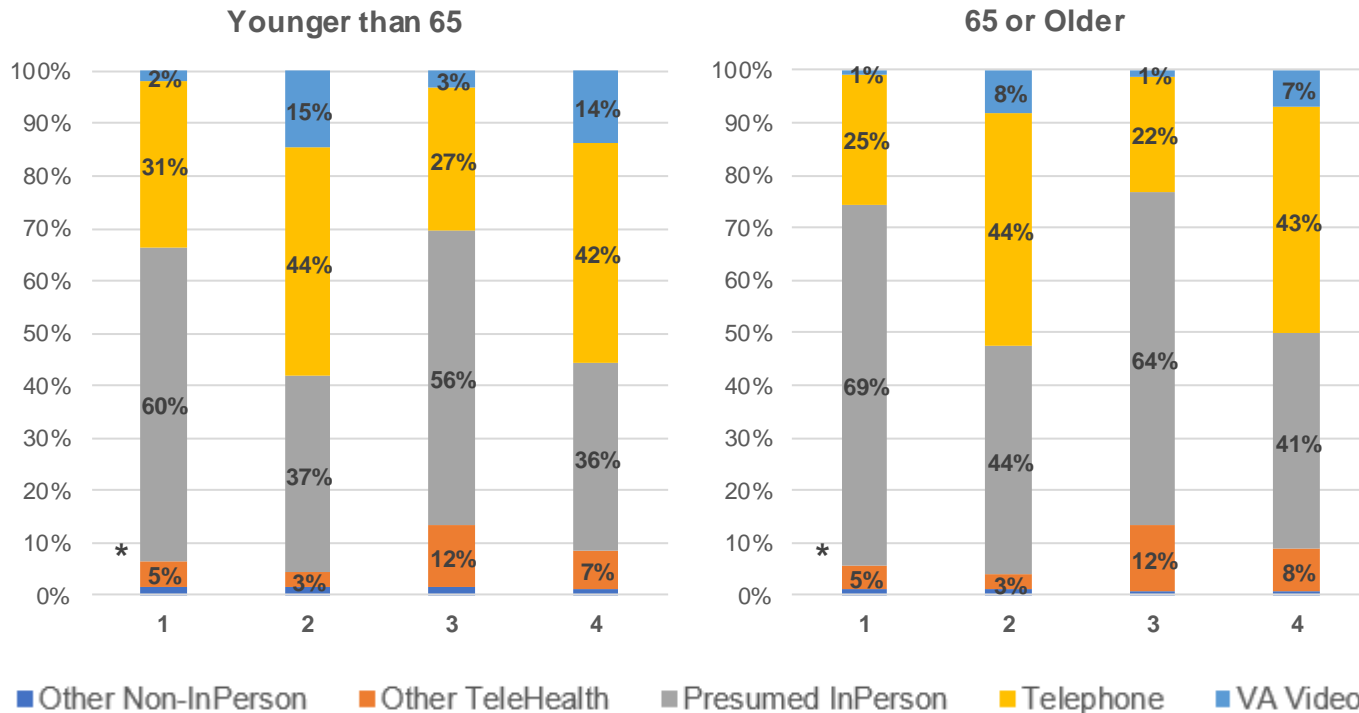
1Holder, 2016; 2United States Census Bureau, 2016; 2016,3VHA Office of Rural Health, 2018 4VHA Support ServiceCenter (VSSC), 2021

ENROLLED VETERAN INTERNET USE (2019)



VHA Support Service Center (VSSC), 2021c

VETERANS' MENTAL HEALTH CARE-MODALITY

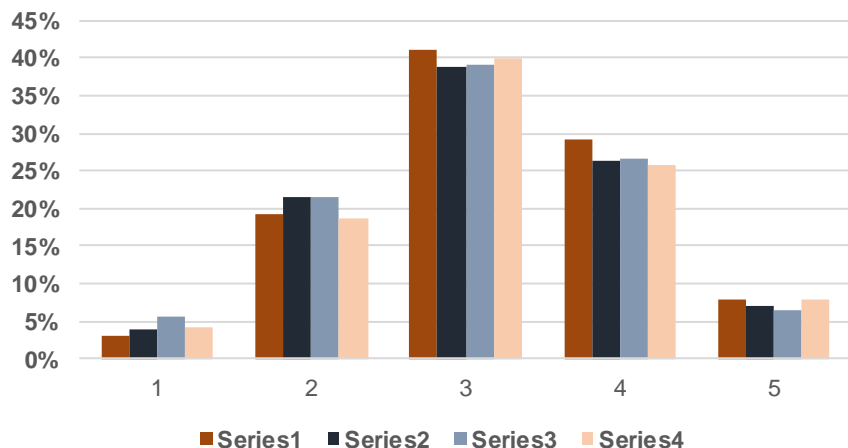


*≤2%

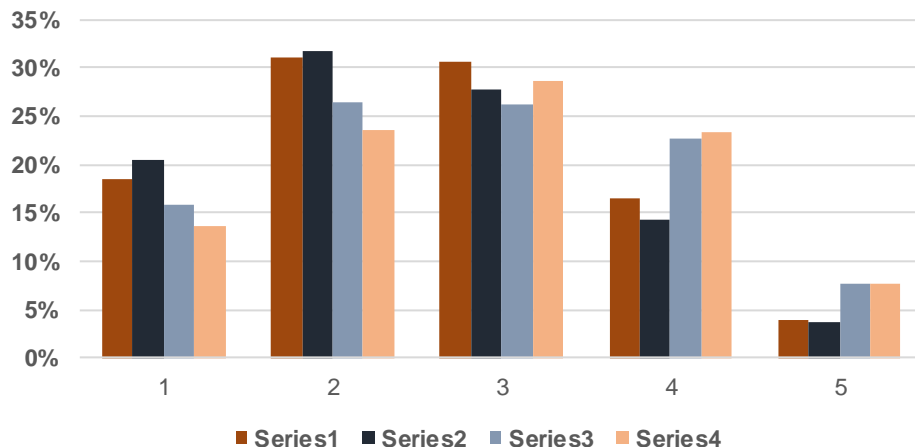
VHA Support Service Center (VSSC), 2021b

PHYSICAL AND MENTAL HEALTH

In general, how would you rate your physical health?

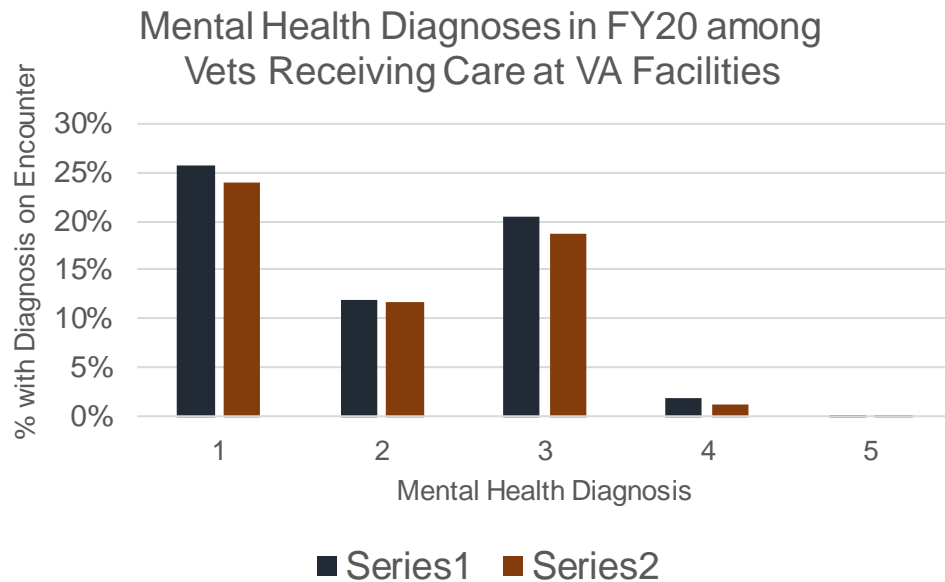


In general, how would you rate your mental health, including your mood and your ability to think?



VHA Support Service Center (VSSC), 2021c

MENTAL HEALTH DIAGNOSES IN VETERANS



Suicide rates 20% higher among rural Veterans (39.62 vs. 32.44)^{2*}

*per 100,000 population

1VHA Support Service Center (VSSC), 2021b; 2McCarthy et al, 2012)

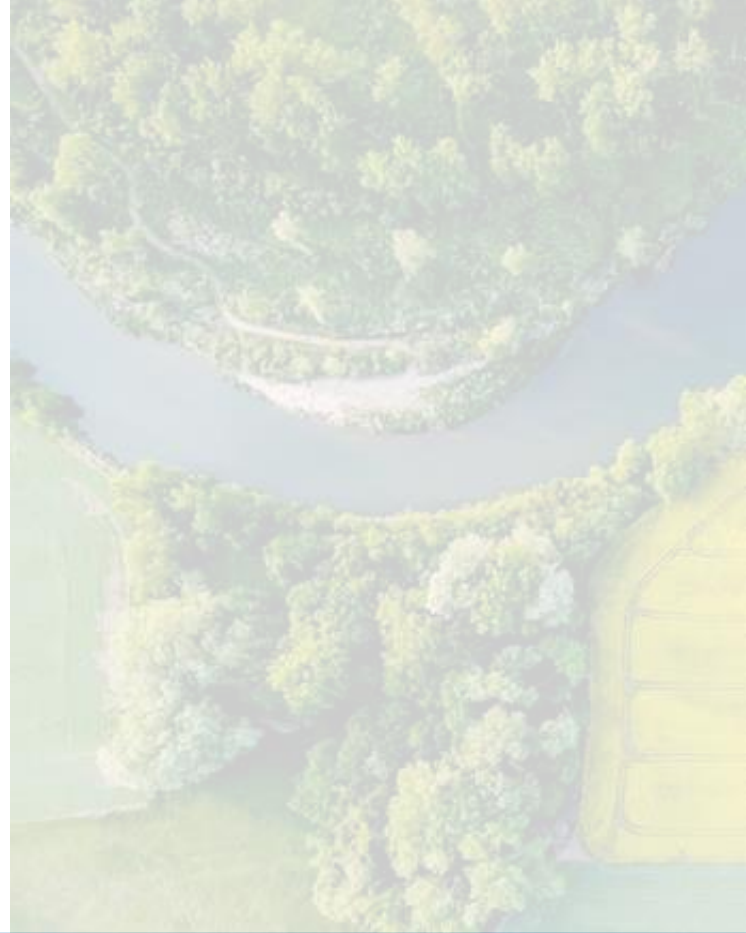
MENTAL HEALTH CARE UTILIZATION

	Rural	Urban	p
Any mental health treatment	0.29 (0.06)	0.45 (0.03)	<.001
Inpatient mental health treatment	0.02 (0.01)	0.05 (0.01)	.19
Outpatient mental health treatment	0.20 (0.05)	0.33 (0.03)	<.001
Prescription medication for mental health	0.25 (0.05)	0.45 (0.04)	<.001
Perceived unmet need for mental health treatment	0.12 (0.04)	0.14 (0.02)	.68

Teich, Ali, Lynch, & Mutter, 2017



Challenges to Accessing Mental Health Care



STRUCTURAL URBANISM

- ▶ “Elements of the current public health and health care systems that disadvantage rural communities”
- ▶ Bias toward large population centers
 - ▶ Healthcare is a market
 - ▶ Public health focus
 - ▶ Rural inefficiencies
- ▶ Infrastructure, Transportation, Connectivity, Reimbursement, Providers, Training



Probst et al., 2019

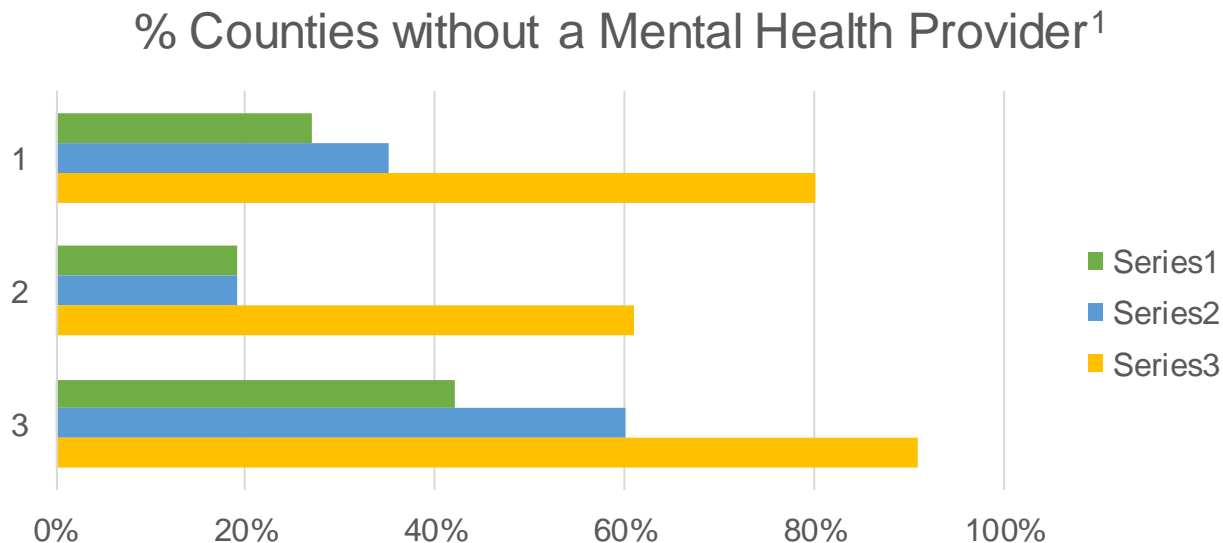
ACCESS TO MENTAL HEALTHCARE



Penchansky & Thomas, 1981; Karikari-Martin, 2010

AVAILABILITY-MENTAL HEALTH PROFESSIONALS

- 58% of Mental Health Professional Shortage Areas are in rural areas²



¹Andrilla, Patterson, Garberson, Coulthard, & Larson, 2018;
²Health Resources Services Administration, 2021

AVAILABILITY-RURAL MENTAL HEALTH PROVIDERS

- ▶ Multiple relationships, conflicting roles
- ▶ Incidental encounters
- ▶ Altered therapeutic boundaries
- ▶ Fears about confidentiality/privacy
- ▶ Cultural dimensions of mental health care
- ▶ Always “on the job”
- ▶ Self-disclosure
- ▶ Competencies and scope of practice
- ▶ Generalist care and multidisciplinary team issues
- ▶ Limited consultation about ethical issues
- ▶ Stresses experienced by rural mental health providers

Helbok, 2003, Werth et al., 2010

ACCESSIBILITY-DISTANCE TO CARE

- ▶ 15% of VA medical centers are in rural areas²
- ▶ Distance is a common barrier for accessing mental health care among rural residents¹
 - ▶ 88% of VHA-users eligible for VA Choice care were rural⁴
- ▶ Rural residents more reliant on personal vehicles for transportation³
 - ▶ 90% of rural travel is via personal vehicle (urban = 65%)
 - ▶ .5% rural residents use public transportation (6.3% = urban)

¹Brenes, Danhauer, Lyles, Hogan, & Miller, 2015; ²Cowper Ripley, Ahern, Litt, & Wilson, 2017; ³Mattson & Diip, 2020; ⁴Ohl et al., 2018

AFFORDABILITY-HEALTH CARE COVERAGE

- ▶ 2020 Farm Bureau Poll¹—Cost is the greatest barrier to mental health treatment (73%)
 - ▶ Stigma (60-63%)
 - ▶ Availability (59-63%)
 - ▶ Accessibility (61-63%)
 - ▶ Embarrassment (59-66%)

Factor	Rural	Urban	Rural Non-Veterans
Enrolled in VHA ³	58%	37%	na
Poverty ²	6.9%	7.2%	12.3%
Health insurance (private or public) ²	94.6%	95.1%	84.6%

1American Farm Bureau Federation, 2020, 2Holder, 2016,3VHA Office of Rural Health, 2018

ACCEPTABILITY-RURAL CULTURE

Rural communities are heterogenous and complex

- ▶ Commitment to family
- ▶ Self-reliance
- ▶ Distrust of outsiders and institutions*
- ▶ Reluctance to share personal problems
- ▶ Stoicism/fatalism (acceptance)*
- ▶ Church/community ties*
- ▶ Conventional behavioral expectations
- ▶ Traditional gender and generational role expectations
- ▶ Resistance to change
- ▶ Respect for authority (poor self-advocacy)
- ▶ Conflict avoidant
- ▶ Self-abnegation (resistance to “self-esteem”--pride)

Bennett et al., 2011, Helbok, 2003, Rainer, 2010, Slama, 2004;
Wang et al., 2003, Werth et al., 2010); Fischer et al, 2021

ACCEPTABILITY-VETERAN ETHOS

- ▶ Interviews with 25 rural Veterans (4 states)—mean age=55 years
 - ▶ Self-reliance (not needing support from other people)
 - ▶ Stoicism (endurance of pain or hardship without complaint)
 - ▶ Resisting treatment-seeking until it becomes unavoidable
 - ▶ Stigma (negative attitudes toward mental health treatment)
 - ▶ Lack of trust in the VA health care system
- ▶ 2021 Study (telephone interview with 752 Veterans)
 - ▶ Higher levels of mistrust of others
 - ▶ Emotional stoicism
 - ▶ Belief in the self-resolving nature of mental health problems
 - ▶ Belief in the efficacy of religious counseling for such problems
 - ▶ NOT geographic location

(Fischer et al., 2016; Fischer et al, 2021)

ACCOMMODATION-MEETING RURAL VETERANS' NEEDS

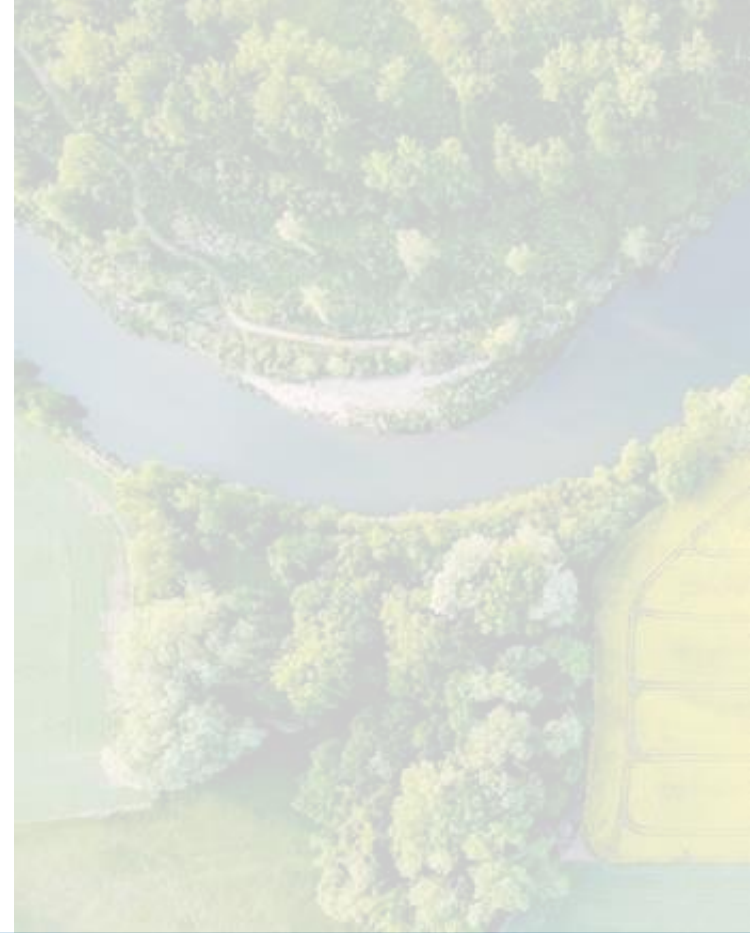
- ▶ Ease of getting appointments
- ▶ Office hours
- ▶ Waiting times
- ▶ System navigation



Penchansky & Thomas, 1981



Strategies for Addressing Access



CREATING ACCESS OPTIONS

- ▶ Telemental Health
 - ▶ Learn to use VVC and offer it as an option to Veterans
- ▶ Mobile apps
 - ▶ Learn what they are and how to integrate them into care
- ▶ Primary Care Mental Health Integration
 - ▶ Learn to communicate/consult with primary care providers
- ▶ Partnered Programs
 - ▶ Learn about community and VA resources and refer

CONSIDERATIONS FOR TELEHEALTH WITH OLDER ADULTS

- ▶ Technology proficiency and availability¹
 - ▶ 75% use the internet and many studies show wide availability.
 - ▶ Proficiency varies based on education, skill, acceptance of technology.
- ▶ Physical and cognitive limitations
 - ▶ Adaptations can accommodate limitations.²
 - ▶ Remind patients to use hearing aids and glasses.
 - ▶ Coach patients to use accessibility features such as contrast settings.
 - ▶ Use assistive technologies such as screen magnifiers.



¹Padala et al., 2020; Pew Research Center, 2020;²Nieman, 2020; Steinman, Perry, & Perissonotto, 2020

VETERAN VOICES: VIDEO BETTER THAN PHONE

- ▶ "It's just **more-genuine**. I'm getting care and I can see my provider. They aren't just a phone call like a telemarketer. A lot of **communication with people is non-verbal** so seeing them helps out with that."
- ▶ "**It builds a connection**. You can put a face to the voice, it gives you a sense of comfort when you're talking to someone. You lower your guard. **Both parties become more empathetic.**"



Slide Courtesy of Jan Lindsay, PhD



RURAL AS A DIVERSITY FACTOR

The more we recognize the complexity of human experience and identity, the more able we are to understand and build a positive therapeutic alliance... calling attention to multiple identities and contexts...helps therapists avoid inaccurate generalizations on the basis of characteristics such as the person's physical appearance, name, or language [or place of residence].



Hay s, 2001

ADAPT TREATMENT-RURAL AS A DIVERSITY FACTOR.

Geographic Location?	• Travel burden? Distance from caregivers?
Population density?	• Isolation? Escape? Community of choice?
Economic variable?	• Community industry? Threats?
Voting constituency?	• Current political climate? Trust of institutions?
Social determinant of health?	• Income? Employment? Education? Food insecurity?
Cultural identifier?	• Degree of acculturation? Local traditions?
Racial/ethnic make up?	• Discrimination? Racial trauma?
Values, beliefs, traditions?	• Religious affiliation? Community and family values?
Environmental?	• Environmental disasters or risks?

Slama, 2004; Smalley et al., 2010

ADAPTING CARE FOR RURAL VETERANS

- ▶ Address self-stigma in therapy^{3,4}
- ▶ Understand rural culture and world-view⁴
- ▶ Use motivational interviewing techniques²
- ▶ Greater focus on behavioral activation¹
- ▶ Acknowledge and respect of religious beliefs¹
- ▶ Incorporate religious practices into behavioral activation¹
- ▶ Systems approach⁴
- ▶ Make use of client's natural resources (e.g., family, church, and other nonprofessional supports)²
- ▶ Be flexible with scheduling (location and frequency)¹
- ▶ Know key programs (VA/community)

¹Crowther et al, 2010 , ²Helbok et al., 2006, ³Larson et al, 2010;
⁴Smalley et al., 2010

FOR MENTAL HEALTH PROVIDERS IN RURAL AREAS

- ▶ Know the ethics code (be ready to adapt)²
- ▶ Know the local culture
- ▶ Become involved in the community to engender trust (be selective)²
- ▶ Involve client in decision-making
- ▶ Awareness of relationships—talk to client about:^{2,3}
 - ▶ Informed consent
 - ▶ Disclosure and confidentiality
 - ▶ Dual relationships/incidental encounters
 - ▶ Clear boundaries and expectations
- ▶ Remember that MH provider is often part of the client's system.^{1,3}
- ▶ Consider problem severity when determining which clients to see³
- ▶ Discuss confidentiality/privacy (individually and with groups)²
- ▶ Seek supervision/support/consultation.¹
- ▶ Self-care to avoid burnout.²

1Curtin & Hargrove, 2010; 2Helbok et al., 2003; 3Schank, 2009;
4Werth et al., 2010

QUESTIONS



THANK YOU

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